E	in this information to identify, ye				
	in this information to identify yo	our case:			
Deb	tor 1 Delphine C. Ro	ogers Middle Name	Last Name		
	tor 2 use if, filling) First Name	Middle Name	Last Name		
` '	ed States Bankruptcy Court for the				
Cas (if kno	e number 21-31577			_	c if this is an ded filing
Sul Be a infor	s complete and accurate as pos mation. Fill out all of your sche	sible. If two married peop dules first; then complete	and Certain Statistical Information le are filing together, both are equally responsible for the information on this form. If you are filing amend ck the box at the top of this page.	or supplyir	
Part	1: Summarize Your Assets				
				Your a	ssets of what you own
1.	Schedule A/B: Property (Officia 1a. Copy line 55, Total real estat	al Form 106A/B) e, from Schedule A/B		\$	20,000.00
	1b. Copy line 62, Total personal	property, from Schedule A/E	8	\$	17,605.00
	1c. Copy line 63, Total of all prop	perty on Schedule A/B		\$	37,605.00
Part	2: Summarize Your Liabilitie	s			
					abilities t you owe
2.	Schedule D: Creditors Who Have 2a. Copy the total you listed in C		ty (Official Form 106D) t the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	22,200.00
3.	Schedule E/F: Creditors Who Ha 3a. Copy the total claims from P		ial Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>	\$	1,660.00
	3b. Copy the total claims from P	art 2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$	219,852.00
			Your total liabilities	\$	243,712.00
Part	3: Summarize Your Income a	and Expenses		-	
4.	Schedule I: Your Income (Officia Copy your combined monthly inc	l Form 106I) come from line 12 of <i>Schedu</i>	le I	\$	1,940.00
5.	Schedule J: Your Expenses (Officopy your monthly expenses from			\$	1,515.00
Part	4: Answer These Questions	for Administrative and Sta	ntistical Records		
6	Are you filing for hankruntcy u	nder Chanters 7 11 or 13	?		

□ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,850.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,660.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	208,843.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	210,503.00

	n this informa	ation to identify	your case and th	is filing:				
Dep.	tor 1	Delphine C. I	-					
		First Name	Middle	Name	Last Name			
	tor 2 ise, if filing)	First Name	Middle	Name	Last Name			
Unite	ed States Bank	kruptcy Court for	the: EASTERN	DISTRICT OF I	MICHIGAN			
		_					_	_
Case	e number 21	1-31577						Check if this is an amended filing
Sc In eac think inform	chedule ch category, sep it fits best. Be a nation. If more s er every question	as complete and a space is needed, a on.	escribe items. List a accurate as possible attach a separate sh	e. If two married neet to this form.	ce. If an asset fits in more than o people are filing together, both a On the top of any additional pag ou Own or Have an Interest In	re equally respor	nsible for supp	olying correct
	☐ No. Go to Yes. Whe	ere is the property?						
1 1				What is the pr	conorth/2 Charles II the const.			
1.1	302 E. Carp	enter Rd.		-	coperty? Check all that apply			D.d.
1.1	302 E. Carp Street address, if a	penter Rd. available, or other desc	cription	■ Single-	roperty? Check all that apply family home or multi-unit building ninium or cooperative	the amount o	of any secured of	ns or exemptions. Put claims on Schedule D: Secured by Property.
1.1	Street address, if a	available, or other desc	48505-0000	Single-I Duplex Condor Manufa	family home or multi-unit building ninium or cooperative ctured or mobile home	the amount of Creditors Who Current valuentire prope	of any secured of the Claims The of the control of	claims on Schedule D: Secured by Property. Current value of the portion you own?
1.1	Street address, if a	available, or other desc		Single-I Duplex Condor Manufa Land Investm Timesh Other	family home or multi-unit building ninium or cooperative ctured or mobile home	Current valuentire prope \$13	of any secured on Have Claims the of the rty? a 600.00 a nature of you simple, tenan	claims on Schedule D: Secured by Property.
1.1	Street address, if a	available, or other desc	48505-0000	Single-I Duplex Condor Manufa Land Investm Timesh Other	family home or multi-unit building ninium or cooperative ctured or mobile home nent property are hterest in the property? Check one	Current valuentire prope \$13 Describe the (such as fee	of any secured on Have Claims the of the rty? a 600.00 a nature of you simple, tenan	claims on Schedule D: Secured by Property. Current value of the portion you own? \$13,600.00
1.1	Flint City Genesee	available, or other desc	48505-0000	Single-I Duplex Condor Manufa Land Investm Timesh Other Who has an ir Debtor	family home or multi-unit building minium or cooperative ctured or mobile home ment property are hterest in the property? Check one 1 only 2 only	Current valuentire prope \$13 Describe the (such as fee	of any secured on Have Claims the of the rty? a 600.00 a nature of you simple, tenan	claims on Schedule D: Secured by Property. Current value of the portion you own? \$13,600.00
1.1	Street address, if a	available, or other desc	48505-0000	Single-i Duplex Condor Manufa Land Investm Timesh Other Who has an ir Debtor Debtor	family home or multi-unit building ninium or cooperative ctured or mobile home nent property are nterest in the property? Check one	Current valuentire prope \$13 Describe the (such as fee a life estate)	of any secured of the rty? 8,600.00 e nature of you simple, tenand, if known.	claims on Schedule D: Secured by Property. Current value of the portion you own? \$13,600.00

	tor 1 Delphin	e C. Roger	>	Casi	e number (if known)	21-31311
	If you own or	have more	than one, list	here:		
1.2				What is the property? Check all that apply		
	254 E. Carpen			Single-family home		ed claims or exemptions. Put
	Street address, if available, or other description		cription	Duplex or multi-unit building		cured claims on Schedule D: Claims Secured by Property.
				☐ Condominium or cooperative		
				☐ Manufactured or mobile home		
	Flint	MI	48505-0000	Land	Current value of the entire property?	Current value of the portion you own?
	City	State	ZIP Code	☐ Investment property	\$25,600.0	
	o.i,	Oldio	2 0000	☐ Timeshare		
				☐ Other		of your ownership interest tenancy by the entireties, or
				Who has an interest in the property? Check one	a life estate), if know	
				■ Debtor 1 only		
	Genesee			Debtor 2 only		
	County			Debtor 1 and Debtor 2 only		
	•					community property
				A react one of the actions and another	(see instructions)	
				Other information you wish to add about this ite property identification number:	em, such as local	
				Family Property Debtor 2 sisters and	niece	
				State Equalized Value \$12,800	meec	
2	۰ ۱۵ ما داده	luo of the	urtion von au-	for all of your ontring from Part 4, including an	v entries for	
				for all of your entries from Part 1, including any at number here		\$20,000.00
some	eone else drives. I	f you lease a	vehicle, also rep	erest in any vehicles, whether they are register port it on Schedule G: Executory Contracts and Uni- cles, motorcycles		ny vehicles you own that
Do y some	eone else drives. I	f you lease a	vehicle, also rep	port it on Schedule G: Executory Contracts and Un		ny vehicles you own that
Do y some	eone else drives. li ars, vans, trucks No	f you lease a	vehicle, also report utility vehic	port it on Schedule G: Executory Contracts and Un	nexpired Leases. Do not deduct secure	ed claims or exemptions. Put
Do y some	eone else drives. li ars, vans, trucks No Yes	f you lease a	vehicle, also report utility vehic	oort it on Schedule G: Executory Contracts and Unites, motorcycles Who has an interest in the property? Check one	Do not deduct secure the amount of any se	,
Do y some 3. C	eone else drives. li ars, vans, trucks No Yes Make:	f you lease a	vehicle, also report utility vehic	who has an interest in the property? Check one	Do not deduct secur the amount of any se Creditors Who Have	ed claims or exemptions. Put ecured claims on <i>Schedule D:</i> Claims Secured by Property.
Do y some 3. C	oone else drives. li ars, vans, trucks No Yes Make: Model: Year:	f you lease a	vehicle, also report utility vehic	who has an interest in the property? Check one Debtor 1 only Debtor 2 only	Do not deduct secure the amount of any se	ed claims or exemptions. Put ecured claims on <i>Schedule D:</i> Claims Secured by Property.
Do y some 3. C	eone else drives. li ars, vans, trucks No Yes Make: Model:	f you lease a , tractors, sp	vehicle, also report utility vehic	who has an interest in the property? Check one	Do not deduct secur the amount of any se Creditors Who Have	ed claims or exemptions. Put scured claims on Schedule D: Claims Secured by Property.
Do y some 3. C	oone else drives. li ars, vans, trucks No Yes Make: Model: Year: Approximate mile	f you lease a , tractors, sp	vehicle, also report utility vehic	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secur the amount of any se Creditors Who Have Current value of the entire property?	ed claims or exemptions. Put scured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
Do y some 3. C	oone else drives. It ars, vans, trucks. No Yes Make: Model: Year: Approximate mile Other information	f you lease a , tractors, sp	vehicle, also report utility vehicles	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secur the amount of any se Creditors Who Have	ed claims or exemptions. Put scured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
Do y some 3. C	oone else drives. It ars, vans, trucks. No Yes Make: Model: Year: Approximate mile Other information Automobile:	f you lease a , tractors, sp rage: :: 2018 Hond	vehicle, also report utility vehicles	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secur the amount of any se Creditors Who Have Current value of the entire property?	ed claims or exemptions. Put ecured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
3. C 3.11 4. W 5	Make: Model: Year: Approximate mile Other information Automobile: 70,000 miles Purch Septer Matercraft, aircraft Matercraft, aircraft Model: Matercraft Matercraft Model: Matercraft Matercraft Model: Matercraft Matercraft Model: Matercraft Matercraft Matercraft Model: Matercraft M	f you lease a tractors, sp age: 2018 Honda the motor homaliers, motors ue of the politached for F Personal and	ort utility vehice a Civic es, ATVs and of personal water trion you own for the content of the	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Other recreational vehicles, other vehicles, and craft, fishing vessels, snowmobiles, motorcycle according to the design of the debtors and another constructions.	Do not deduct secure the amount of any secure the amount of any secure the amount of the entire property? \$13,900.0 accessories cessories	ed claims or exemptions. Put excured claims on Schedule D: Claims Secured by Property. E Current value of the portion you own? 100 \$13,900.00 \$13,900.00
3. C 3.11 4. W 5	Make: Model: Year: Approximate mile Other information Automobile: 70,000 miles Purch Septer Matercraft, aircraft Matercraft, aircraft Model: Matercraft Matercraft Model: Matercraft Matercraft Model: Matercraft Matercraft Model: Matercraft Matercraft Matercraft Model: Matercraft M	f you lease a tractors, sp age: 2018 Honda the motor homaliers, motors ue of the politached for F Personal and	ort utility vehice a Civic es, ATVs and of personal water trion you own for the content of the	who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Other recreational vehicles, other vehicles, and craft, fishing vessels, snowmobiles, motorcycle according to make the content of the debtors.	Do not deduct secure the amount of any secure the amount of any secure the amount of the entire property? \$13,900.0 accessories cessories	ed claims or exemptions. Put scured claims on <i>Schedule D: Claims Secured by Property.</i> E Current value of the portion you own? 10 \$13,900.00 \$13,900.00

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D	Delpnine C.	Rogers Case number (if know	n) <u>21-31577</u>
6	Household goods and f	furnishings	
Ο.		nces, furniture, linens, china, kitchenware	
	□ No		
	Yes. Describe		
		Miscellaneous items not exceeding \$475.00 per item	\$2,000.00
_			
_	Flacturation		
1.	Electronics Examples: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi	c collections: electronic devices
		I phones, cameras, media players, games	
	■ No		
	☐ Yes. Describe		
_			
_	Oalla efficie a familia		
8.	Collectibles of value Examples: Antiques and	d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, co	oin or baseball card collections:
		ions, memorabilia, collectibles	on, or adoption care consolicity,
	□ No		
	Yes. Describe		
		Miscellaneous items not exceeding \$475.00 per item	\$200.00
_			
^	Equipment for enerts o	and babbica	
9.	Equipment for sports a	ind nobbles ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe	es and kavaks: carpentry tools:
	musical instr		oe and hayane, carponary tools,
	■ No		
	☐ Yes. Describe		
10). Firearms Evamples: Distols, rifle	es, shotguns, ammunition, and related equipment	
	■ No	s, shotgans, animanition, and related equipment	
	☐ Yes. Describe		
11	Clothes		
	Examples: Everyday cl	lothes, furs, leather coats, designer wear, shoes, accessories	
	□ No		
	Yes. Describe		
		Miscellaneous items not exceeding \$475.00 per item	\$250.00
12	2. Jewelry		
12		ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems	s, gold, silver
	□ No		•
	Yes. Describe		
		Misc. Jewelry	\$750.00
	N. N		
13	 Non-farm animals Examples: Dogs, cats, 	hirds horses	
	■ No	51140, 1101000	
	Yes. Describe		
	Tes. Describe		
14	. Any other personal an	nd household items you did not already list, including any health aids you did not list	
	■ No		
	☐ Yes. Give specific inf	formation	

you have attached	\$3,200.00
you have attached	
you have attached	
you have attached	
	Current value of the portion you own? Do not deduct secured claims or exemptions.
when you file your petition	on
redit unions, brokerage h	nouses, and other similar
	¢EOE OO
00	\$505.00
es, including an interes	t in an LLC, partnership, and
% of ownership:	
%	\$0.00
ts oney orders. ng them.	
1	es, including an interes % of ownership: % ts oney orders.

De	btor 1	Delphine C. Rogers	Case number (if known)	21-31577
	Your s Examp ■ No		ve made so that you may continue service or use from a company epaid rent, public utilities (electric, gas, water), telecommunications companion in the companion of the compani	es, or others
	No	ties (A contract for a periodic paym	ent of money to you, either for life or for a number of years)	
	26 U.S. ■ No	C. §§ 530(b)(1), 529A(b), and 529	ount in a qualified ABLE program, or under a qualified state tuition progb)(1). d description. Separately file the records of any interests.11 U.S.C. § 521(c):	ıram.
	No	Give specific information about th	property (other than anything listed in line 1), and rights or powers exer	cisable for your benefit
	<i>Exam</i> µ ■ No		secrets, and other intellectual property ites, proceeds from royalties and licensing agreements	
	<i>Exam</i> µ ■ No	ses, franchises, and other genera ples: Building permits, exclusive lic Give specific information about th	enses, cooperative association holdings, liquor licenses, professional license	S
Мо	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	funds owed to you Give specific information about the	em, including whether you already filed the returns and the tax years	
	<i>Exam</i> µ ■ No	r support ples: Past due or lump sum alimon Give specific information	/, spousal support, child support, maintenance, divorce settlement, property s	settlement

D	eptor 1	Delphine C. Rogers		Case number (if known)	21-315//
30	Other a	amounts someone owes you	1		
50.		oles: Unpaid wages, disability	nsurance payments, disabilit	y benefits, sick pay, vacation pay, workers' compe	nsation, Social Security
		benefits; unpaid loans yo	u made to someone else		
	No				
	☐ Yes.	Give specific information			
31.		ts in insurance policies		. (110.1)	
		oles: Health, disability, or life in	isurance; health savings acco	ount (HSA); credit, homeowner's, or renter's insura	nce
	■ No	N. a			
	⊔ Yes.	Name the insurance company Compa	r of each policy and list its val ny name:	lue. Beneficiary:	Surrender or refund
		Compa	ny namo.	Donollolary.	value:
32.		erest in property that is due			-i
		are the beneficiary of a living t ne has died.	rust, expect proceeds from a	life insurance policy, or are currently entitled to rec	eive property because
	■ No				
		Give specific information			
		отто оросино инотипалогии			
33.				awsuit or made a demand for payment	
	`	ples: Accidents, employment d	isputes, insurance claims, or	rights to sue	
	■ No				
	☐ Yes.	Describe each claim			
34.	_	contingent and unliquidated	claims of every nature, inc	luding counterclaims of the debtor and rights to	set off claims
	■ No				
	☐ Yes.	Describe each claim			
35.		ancial assets you did not al	ready list		
	■ No				
	☐ Yes.	Give specific information			
36	. Add t	he dollar value of all of your	entries from Part 4, includ	ing any entries for pages you have attached	¢505.00
	for Pa	art 4. Write that number here)		\$505.00
D	or E. Davi	aniba Anu Businsaa Balatad Ba		annet la Unit anno and anteta in Bout 4	
Pä	art 5: Des	scribe Any Business-Related Pr	operty You Own or Have an Int	erest In. List any real estate in Part 1.	
		own or have any legal or equital	ole interest in any business-rela	ated property?	
	No. Go	to Part 6.			
	☐ Yes. G	Go to line 38.			
					O
					Current value of the portion you own?
					Do not deduct secured
					claims or exemptions.
38	Accour	nts receivable or commission	ns you already earned		
			,		
	□ No				
	⊔ Yes.	Describe			

Debtor 1	Delphine C. F	Rogers	Case number (f known)	21-31577
		shings, and supplies ated computers, software, modems, printers, copiers, fax machines	, rugs, telephone	s, desks,	chairs, electronic devices
			, , ,		•
□ No □ Yes.	Describe				
40. Machir	nery, fixtures, eq	uipment, supplies you use in business, and tools of your trade			
□ No					
⊔ Yes.	Describe				
41. Invent	tory				
□ No					
☐ Yes.	Describe				
42. Interes	sts in partnership	s or joint ventures			
□ No					
	Give specific info	rmation about them	0/ /		
		Name of entity:	% of ownershi		
				_ %	
43. Custor □ No.	mer lists, mailing	lists, or other compilations			
_	ur lists include pers	sonally identifiable information (as defined in 11 U.S.C. § 101(41A))?			
,	□ No				
	□ No □ Yes. Describe.				
					7
	usiness-related p	roperty you did not already list			
□ No □ Yes	Give specific info	rmation			
— 100.	Cive opcomo mior				
				[
		of all of your entries from Part 5, including any entries for pages			
				L	
Part 6: De	scribe Any Farm- a	nd Commercial Fishing-Related Property You Own or Have an Interest	ln.		
		nterest in farmland, list it in Part 1.			
46. Do yo u	ı own or have an	y legal or equitable interest in any farm- or commercial fishing	-related property	y?	
	Go to Part 7.				
⊔ Yes	s. Go to line 47.				Current value of the

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Debtor 1	Delphine C. Rogers	Case number (if known)	21-31577
47. Farm a Exam	animals ples: Livestock, poultry, farm-raised fish		
□No			
⊔ Yes.			
48. Crops	—either growing or harvested		
□ No □ Yes.	Give specific information		
49. Farm a	and fishing equipment, implements, machinery, fixtures, and tools of trad	le	
□ No			
☐ Yes.			
50. Farm a	and fishing supplies, chemicals, and feed		
□ No			
☐ Yes.			
51. Any fa	arm- and commercial fishing-related property you did not already list		
□ No			
⊔ Yes.	Give specific information		
	the dollar value of all of your entries from Part 6, including any entries for art 6. Write that number here		
	_	l	
Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above	ve	
	u have other property of any kind you did not already list? ples: Season tickets, country club membership		
■ No			
☐ Yes.	Give specific information		
	L		
		Ī	
54. Add	the dollar value of all of your entries from Part 7. Write that number here		\$0.00
		•	

Deb	tor 1 Delphine C. Rogers		Case number (if known)	21-31577
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$20,000.00
56.	Part 2: Total vehicles, line 5	\$13,900.00		
57.	Part 3: Total personal and household items, line 15	\$3,200.00		
58.	Part 4: Total financial assets, line 36	\$505.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$17,605.00	Copy personal property to	stal \$17,605.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$37,605.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Delphine C. Roge	rs		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number	21-31577			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

٠.	no apphoable claratory amounts				
Pa	rt 1: Identify the Property You Claim as E	xempt			
1.	Which set of exemptions are you claiming?	? Check one only, eve	n if yo	ur spouse is filing with you.	
	☐ You are claiming state and federal nonbank	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	302 E. Carpenter Rd. Flint, MI 48505 Genesee County	\$13,600.00		\$12,400.00	11 U.S.C. § 522(d)(1)
	Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	254 E. Carpenter Rd. Flint, MI 48505 Genesee County	\$6,400.00		\$6,400.00	11 U.S.C. § 522(d)(5)
	Family Property Debtor 2 sisters and niece State Equalized Value \$12,800 Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit	
	Automobile: 2018 Honda Civic 70,000 miles	\$13,900.00		\$0.00	11 U.S.C. § 522(d)(2)
	Purch September 2018 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	Miscellaneous items not exceeding \$475.00 per item	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	

De	ebtor 1 Delphine C. Rogers			Case number (if known)	21-31577
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own			Specific laws that allow exemption
		Copy the value from Schedule A/B			
	Miscellaneous items not exceeding \$475.00 per item	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 8.1			100% of fair market value, up to any applicable statutory limit	
	Miscellaneous items not exceeding \$475.00 per item	\$250.00		\$250.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit	
	Misc. Jewelry Line from Schedule A/B: 12.1	\$750.00		\$750.00	11 U.S.C. § 522(d)(4)
Line	Line nom Schedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
	Elga Credit Union Saving 5	\$505.00		\$505.00	11 U.S.C. § 522(d)(5)
	Checking overdrawn \$500.00 Line from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	
	Serenity Strong LLC	\$0.00		\$0.00	11 U.S.C. § 522(d)(5)
	located at home address Line from Schedule A/B: 19.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every			led on or after the date of adjustmen	t.)
	Yes. Did you acquire the property cove	red by the exemption wi	ithin 1	,215 days before you filed this case?	?
	□ No	,	•	, , ,	
	☐ Yes				

Fill	in this information to identify y	our case:			
Deb	Delphine C. R	ogers Middle Name Last Name		-	
	otor 2 use if, filing) First Name	Middle Name Last Name		-	
` '	red States Bankruptcy Court for th				
Cas	e number 21-31577			-	
(if kno				_	if this is an ded filing
	icial Form 106D bedule D: Creditor	s Who Have Claims Secure	d by Propert	v	12/15
		e. If two married people are filing together, both are ed	<u> </u>	<u> </u>	
is ne		it out, number the entries, and attach it to this form. O			
	any creditors have claims secured	by your property?			
	☐ No. Check this box and submi	t this form to the court with your other schedules. Y	ou have nothing else	to report on this form.	
	■ Yes. Fill in all of the information	n below	_		
	List All Secured Claims				
		a more than one accurred claim, list the graditar congratals	, Column A	Column B	Column C
for e	ach claim. If more than one creditor h	s more than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. As etical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Beecher Water & Sewer	Describe the property that secures the claim:	\$100.00	\$13,600.00	\$0.00
	Creditor's Name	302 E. Carpenter Rd. Flint, MI 48505 Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039			
	G-1057 Louis Ave Flint, MI 48505	As of the date you file, the claim is: Check all that apply. Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Who	o owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	Debtor 1 only	☐ An agreement you made (such as mortgage or see	cured		
	Debtor 2 only	car loan)			
_	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	at least one of the debtors and another	Judgment lien from a lawsuit			
	Check if this claim relates to a	Other (including a right to offset)			

community debt

Date debt was incurred

Last 4 digits of account number

First Name Middle N		Case number (if known)	21-31577	
i listivanie ividule iv	lanie Last Name			
2.2 City of Flint	Describe the property that secures the claim:	\$200.00	\$13,600.00	\$0.00
Creditor's Name	302 E. Carpenter Rd. Flint, MI 48505			
	Genesee County			
	Fee Simple Sole State			
	Equalized Value \$6,800			
Water and Sewer	Parcel Number: 46-25-201-039			
PO Box 1950	As of the date you file, the claim is: Check all that			
Flint, MI 48501	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
rumson, choon, only, chaic a zip couc	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only	An agreement you made (such as mortgage or se	cured		
☐ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Water			
Date debt was incurred	Last 4 digits of account number			
Genesee County		4000.00	440,000,00	40.00
Treasurer	Describe the property that secures the claim:	\$900.00	\$13,600.00	\$0.00
	302 E. Carpenter Rd. Flint, MI 48505			
Creditor's Name	002 2: 0a: pointo: rtai : iiit, iii :0000			
Creditor's Name	Genesee County			
Creditor's Name	Genesee County Fee Simple Sole State			
Creditor's Name	Genesee County Fee Simple Sole State Equalized Value \$6,800			
	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039			
Attn: Bankruptcy - 1101 Beach Street	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that			
Attn: Bankruptcy -	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039			
Attn: Bankruptcy - 1101 Beach Street	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that apply.			
Attn: Bankruptcy - 1101 Beach Street Flint, MI 48502	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that apply. Contingent			
Attn: Bankruptcy - 1101 Beach Street Flint, MI 48502 Number, Street, City, State & Zip Code	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Attn: Bankruptcy - 1101 Beach Street Flint, MI 48502 Number, Street, City, State & Zip Code	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se	cured		
Attn: Bankruptcy - 1101 Beach Street Flint, MI 48502 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	cured		
Attn: Bankruptcy - 1101 Beach Street Flint, MI 48502 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se car loan)	cured		
Attn: Bankruptcy - 1101 Beach Street Flint, MI 48502 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only	Genesee County Fee Simple Sole State Equalized Value \$6,800 Parcel Number: 46-25-201-039 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or se	cured		

Official Form 106D

Date debt was incurred _____ Last 4 digits of account number

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Debtor 1 Delphine C. Rogers		Case number (if known)	21-31577	
First Name Middle N	lame Last Name			
2.4 Honda Financial	Describe the property that secures the claim:	\$21,000.00	\$13,900.00	\$7,100.00
Creditor's Name	Automobile: 2018 Honda Civic 70,000 miles Purch September 2018			
20800 Madrona Ave Torrance, CA 90503	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Amount	Secured: \$23253.05		
Date debt was incurred 2018	Last 4 digits of account number 830	1		
-	Column A on this page. Write that number here:	\$22,200	.00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$22,200	.00	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			
trying to collect from you for a debt you o	pe notified about your bankruptcy for a debt that yowe to someone else, list the creditor in Part 1, and t you listed in Part 1, list the additional creditors lais page.	nd then list the collection age	ncy here. Similarly, if yo	u have more
Name, Number, Street, City, State & Honda Financial Services PO Box 70252 City of Industry, CA 91716	Last	which line in Part 1 did you entors 4 digits of account number	er the creditor? 2.4	

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in this in	formation to identify your	case:				
Debtor 1	Delphine C. Roge	rs				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
	s Bankruptcy Court for the:	EASTERN DISTRICT O				
Officed State	s bankruptcy Court for the.	LASTERN DISTRICT O	I MICHIGAN			
Case numbe	er 21-31577					
(if known)					☐ Check	if this is an ed filing
Be as complet any executory Schedule G: E Schedule D: C eft. Attach the name and case Part 1: Li 1. Do any cr No. Go Yes. 2. List all of	e E/F: Creditors W e and accurate as possible. Us contracts or unexpired leases xecutory Contracts and Unexp reditors Who Have Claims Sec e Continuation Page to this page number (if known). st All of Your PRIORITY Un reditors have priority unsecure to to Part 2. your priority unsecured claims nat type of claim it is. If a claim ha	se Part 1 for creditors with P that could result in a claim. ired Leases (Official Form 1 ured by Property. If more sp le. If you have no information secured Claims d claims against you? s. If a creditor has more than o	RIORITY claims and Part : Also list executory contr 06G). Do not include any pace is needed, copy the P in to report in a Part, do no	acts on Schedule A/B: Foreditors with partially start you need, fill it out, to file that Part. On the to	Property (Official For lecured claims that a number the entries in op of any additional	m 106A/B) and on ire listed in in the boxes on the pages, write your
possible, l	ist the claims in alphabetical orden nore than one creditor holds a pa	er according to the creditor's n	ame. If you have more than			
(For an ex	planation of each type of claim, s	see the instructions for this for	m in the instruction booklet.	Total claim	Priority amount	Nonpriority amount
	of Flint Treasurer	Last 4 digits of	account number	\$1,560.00	\$1,560.00	\$0.00
110	ty Creditor's Name 1 S. Saginaw St	When was the	debt incurred?			
	t, MI 48502 ber Street City State Zip Code	As of the date	you file, the claim is: Chec	k all that apply		
Who inc	urred the debt? Check one.	☐ Contingent		,		
■ Debt	or 1 only	☐ Unliquidated	I			
☐ Debt	or 2 only	☐ Disputed				
_	or 1 and Debtor 2 only		ITY unsecured claim:			
_	ast one of the debtors and another	П	pport obligations			
_	ck if this claim is for a commu	_	ertain other debts you owe	the government		
	aim subject to offset?	_	eath or personal injury while	9		
■ No		Other. Speci	ify			

☐ Yes

State of Michigan	Last 4 digits of account number	\$100.00	\$100.	.00	\$0.0
Priority Creditor's Name Department of Treasury Collection Division	When was the debt incurred?				
P.O. Box 77437 Detroit, MI 48277-0437					
Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply			
Vho incurred the debt? Check one.	☐ Contingent				
Debtor 1 only	☐ Unliquidated				
Debtor 2 only	☐ Disputed				
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
At least one of the debtors and another	☐ Domestic support obligations				
Check if this claim is for a community debt	Taxes and certain other debts you	owo the government			
the claim subject to offset?	☐ Claims for death or personal injury	•			
No	Other. Specify	Willio you word intoxidated			
Yes	10-8-07 BK u	nti for taxes 517-335-0	158		
No. You have nothing to report in this part. Submit Yes.	this form to the court with your other sche	holds each claim. If a credite			
o any creditors have nonpriority unsecured claim No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other rt 2.	this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t	holds each claim. If a credite	ims already inclu	ded in Part 1.	If more
No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other	this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t	holds each claim. If a credite	ims already inclu aims fill out the C	ded in Part 1.	If more
No. You have nothing to report in this part. Submit Yes. t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each continuous control on the control of the	this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t	holds each claim. If a credite	ims already inclu aims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047	this form to the court with your other sche e alphabetical order of the creditor who laim. For each claim listed, identify what t r creditors in Part 3.If you have more than	• holds each claim. If a credity ype of claim it is. Do not list clather three nonpriority unsecured cl	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. t all of your nonpriority unsecured claims in the recured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy	this form to the court with your other sche e alphabetical order of the creditor who elaim. For each claim listed, identify what to r creditors in Part 3.lf you have more than Last 4 digits of account number	o holds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106	this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?	o holds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t.2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code	this form to the court with your other sche e alphabetical order of the creditor who claim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?	o holds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one.	this form to the court with your other sche e alphabetical order of the creditor who elaim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i	o holds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each on one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	this form to the court with your other sche e alphabetical order of the creditor who elaim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i	o holds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	this form to the court with your other sche e alphabetical order of the creditor who elaim. For each claim listed, identify what to reditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated	holds each claim. If a credity ppe of claim it is. Do not list cle three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21 s: Check all that apply	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other tale. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	this form to the court with your other sche e alphabetical order of the creditor who elaim. For each claim listed, identify what to reditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed	holds each claim. If a credity ppe of claim it is. Do not list cle three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21 s: Check all that apply	ims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepa	o holds each claim. If a credity type of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21 s: Check all that apply	aims already incluaims fill out the C	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. It all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other to 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims	o holds each claim. If a credity type of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21 s: Check all that apply	aims already incluaims fill out the C Active	ded in Part 1. ontinuation Pa	If more age of
No. You have nothing to report in this part. Submit Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other t 2. Aes/efs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	this form to the court with your other sche alphabetical order of the creditor who laim. For each claim listed, identify what t r creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepa	o holds each claim. If a credity type of claim it is. Do not list cla three nonpriority unsecured cl 0004 Opened 03/08 Last A 10/20/21 s: Check all that apply	aims already incluaims fill out the C Active	ded in Part 1. ontinuation Pa	If more

Debte	Delphine C. Rogers		Case number (if known) 21-31577	
4.2	Aes/efs	Last 4 digits of account number	0001	\$8,120.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim	Opened 10/08 Last Active 10/20/21	.,
	Who incurred the debt? Check one.	☐ Contingent	or orrow an max apply	
	■ Debtor 1 only	☐ Unliquidated		
	Debtor 2 only	Disputed		
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify	. ,	
	_ 100	Educationa	ıl	
4.3	Aes/efs Nonpriority Creditor's Name	Last 4 digits of account number	0002	\$1,899.00
	Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106	When was the debt incurred?	Opened 10/08 Last Active 10/20/21	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other. Specify	31,	
	_ 100	Educationa	ıl	
4.4	Aes/efs Nonpriority Creditor's Name	Last 4 digits of account number	0003	\$269.00
	Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106	When was the debt incurred?	Opened 03/08 Last Active 10/20/21	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset? —	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify	 	
		Educationa	11	

Debto	7 1 Delphine C. Rogers		Case number (if known)	21-31577			
4.5	CBM Services Inc.	Last 4 digits of account number	7986		\$141.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551 Midland, MI 48640	When was the debt incurred?	Opened 09/18 Last 02/18	Active			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	-	•			
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify Collection	Attorney Advanced D	iag Imag Pc			
4.6	CBM Services Inc. Nonpriority Creditor's Name	Last 4 digits of account number	7985		\$141.00		
	Attn: Bankruptcy Po Box 551 Midland, MI 48640	When was the debt incurred?	Opened 09/18 Last 02/18	Active			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce	that you did not			
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing	•				
	Yes	Other. Specify Collection	Attorney Advanced D	iag Imag Pc			
4.7	CBM Services Inc. Nonpriority Creditor's Name	Last 4 digits of account number	5125		\$135.00		
	Attn: Bankruptcy Po Box 551	When was the debt incurred?	Opened 05/19 Last 12/18	Active			
	Midland, MI 48640 Number Street City State Zip Code	As of the date you file, the claim	is: Chack all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Oneck all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separate of the separate of th	aration agreement or divorce	that you did not			
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	or plane, and other similar del	hte			
		· ·	•				
	Yes	Other. Specify Collection	Autorney Advanced D	iay iiiay PC			

Debto	or 1 Delphine C. Rogers		Case number (if known) 21-31577	
4.8	CBM Services Inc.	Last 4 digits of account number	7987	\$38.00
	Nonpriority Creditor's Name 300 Rodd St. Midland, MI 48640	When was the debt incurred?	Opened 09/18 Last Active 02/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical De	bt	
4.9	Congress Collection Nonpriority Creditor's Name	Last 4 digits of account number	6214	\$285.00
	28552 Orchard Lake Road Suite 200	When was the debt incurred?	Opened 06/19	
	Farmington Hills, MI 48334 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Care	Attorney Comprehensive Breast	
4.1 0	ELGA Credit Union	Last 4 digits of account number	0050	\$370.00
	Nonpriority Creditor's Name Attn: Bankruptcy 2303 South Center Road Burton, MI 48519	When was the debt incurred?	Opened 12/15 Last Active 6/30/21	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	• •	
	Yes	Other. Specify Deposit Re	lated	

Debt	or 1 Delphine C. Rogers	Case number (if known) 21-31577				
4.1 1	Genesys Regional Med Center	Last 4 digits of account number	\$3,100.00			
·	Nonpriority Creditor's Name Box 773273 3273 Solutions Center Chicago, IL 60677-3002	When was the debt incurred?	<u> </u>			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No □ Yes	□ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify				
4.1	I C System	Last 4 digits of account number 4710	\$417.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 444 Highway 96 East	When was the debt incurred? Opened 03/21				
	Saint Paul, MN 55127 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	\square Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Collection Attorney Comcast				
4.1 3	IC Systems, Inc	Last 4 digits of account number 8354	\$650.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378	When was the debt incurred? Opened 01/19				
	St. Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	□Yes	Collection Attorney American Other. Specify Anesthesiology Of Mic				

Debtor	1 Delphine C. Rogers	Case number (if known) 21-31577	
4.1	McLaren flint	Last A digita of account number	\$4,000.00
4	Nonpriority Creditor's Name Dept # 77498 Po Box 77000	Last 4 digits of account number When was the debt incurred?	Ψ 4 ,000.00
	Detroit, MI 48277 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.1 5	Merchants & Medical Credit Corp	Last 4 digits of account number 0516	\$219.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? Opened 04/19	
	6324 Taylor Drive	<u> </u>	
	Flint, MI 48507 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Oneok an that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Collection Attorney Swartz Ambulance Service Inc.	
4.1 6	Merchants & Medical Credit Corp	Last 4 digits of account number 6159	\$107.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? Opened 06/19	
	6324 Taylor Drive Flint, MI 48507	Opened 00/19	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Collection Attorney Physicians Integrated Other. Specify Physical	

Debtor	1 Delphine C. Rogers		Case number (if known)	21-31577	
4.1	Merchants & Medical Credit Corp	Last 4 digits of account number	6158		\$107.00
	Nonpriority Creditor's Name Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507	When was the debt incurred?	Opened 06/19		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar de	hts	
	□ Yes	·	Attorney Physicians I		
4.1 8	Merchants & Medical Credit Corp	Last 4 digits of account number	6160		\$107.00
	Nonpriority Creditor's Name Attn: Bankruptcy 6324 Taylor Drive	When was the debt incurred?	Opened 06/19		
	Flint, MI 48507 Number Street City State Zip Code	As of the date you file, the claim i	Charle all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	bts	
	☐ Yes	Collection A Other. Specify Physical	Attorney Physicians I	ntegrated	
4.1 9	Merchants & Medical Credit Corp	Last 4 digits of account number	6161		\$107.00
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 06/19		
	6324 Taylor Drive Flint, MI 48507				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	_				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	ł claim:		
	At least one of the debtors and another	☐ Student loans	. VIWIIII		
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	bts	
	☐ Yes	Other. Specify Collection A Physical	Attorney Physicians I	ntegrated	

Debtor	Delphine C. Rogers		Case number (if known)	21-31577					
4.2 0	Merchants & Medical Credit Corp	Last 4 digits of account number	6152		\$105.00				
	Nonpriority Creditor's Name Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507	When was the debt incurred?	Opened 06/19						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce t	hat you did not					
	No	Debts to pension or profit-sharin	g plans, and other similar deb	nts					
	Yes	·	Attorney Physicians I						
4.2	Merchants & Medical Credit Corp	Last 4 digits of account number	6157		\$105.00				
	Nonpriority Creditor's Name Attn: Bankruptcy 6324 Taylor Drive	When was the debt incurred? Opened 06/19							
	Flint, MI 48507 Number Street City State Zip Code	As of the date you file, the claim i	s: Chack all that apply						
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce t	hat you did not					
	No	Debts to pension or profit-sharing	g plans, and other similar deb	ots					
	Yes	Collection A Physical	Attorney Physicians I	ntegrated 					
4.2	Merchants & Medical Credit Corp Nonpriority Creditor's Name	Last 4 digits of account number	6155		\$105.00				
	Attn: Bankruptcy 6324 Taylor Drive	When was the debt incurred?	Opened 06/19						
	Flint, MI 48507								
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce t	hat you did not					
	Is the claim subject to offset?	report as priority claims	· ·	•					
	■ No	Debts to pension or profit-sharing	•						
	Yes	■ Other. Specify Physical	Attorney Physicians I	ntegrated					

Debtor	1 Delphine C. Rogers		Case number (if known)	21-31577	
4.2	Merchants & Medical Credit Corp	Last 4 digits of account number	6151		\$86.00
	Nonpriority Creditor's Name Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507	When was the debt incurred?	Opened 06/19		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar de	bts	
	□ Yes	•	Attorney Physicians		
4.2	Merchants & Medical Credit Corp	Last 4 digits of account number	6156		\$84.00
	Nonpriority Creditor's Name Attn: Bankruptcy 6324 Taylor Drive	When was the debt incurred?	Opened 06/19		
	Flint, MI 48507 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	one on an anat apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims			
	■ No	Debts to pension or profit-sharing			
	Yes	Collection Physical	Attorney Physicians	Integrated	
4.2 5	Merchants & Medical Credit Corp Nonpriority Creditor's Name	Last 4 digits of account number	6154		\$82.00
	Attn: Bankruptcy	When was the debt incurred?	Opened 06/19		
	6324 Taylor Drive Flint, MI 48507	-			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin			
	Yes	Collection Definition of the Other Specify Physical	Attorney Physicians	Integrated	

ebtor 1 Delphine C. Rogers		Case number (if known) 21-	31577
Merchants & Medical Credit Corp	Last 4 digits of account number	6153	\$60.00
Nonpriority Creditor's Name Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507	When was the debt incurred?	Opened 06/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
\square Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that yo	ou did not
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Collection Physical	Attorney Physicians Integ	rated
Nelnet	Last 4 digits of account number	4959	\$13,999.00
Nonpriority Creditor's Name Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 10/07 Last Acti 10/31/21	ve
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that yo	ou did not
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	l	
Nelnet	Last 4 digits of account number	5059	\$1,638.00
Nonpriority Creditor's Name Attn: Bankruptcy Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 10/07 Last Acti 10/31/21	ve
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset? —	Obligations arising out of a sepa		ou did not
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	☐ Other. Specify		

Debto	Delphine C. Rogers		Case number (if known)	21-31577	
4.2	The Bureaus Inc	Last 4 digits of account number	7503		\$458.00
	Nonpriority Creditor's Name Attn: Bankruptcy 650 Dundee Rd, Ste 370 Northbrook, IL 60062	When was the debt incurred?	Opened 10/19 Last 04/19	Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce t	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	bts	
	Yes	■ Other. Specify	Attorney Capital One	Bank Usa	
4.3	USDOE/GLELSI	Last 4 digits of account number	9581		\$90,607.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 08/06 Last 10/01/21	Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	bts	
	☐ Yes	☐ Other. Specify			
		Educationa	ıl		
4.3 1	USDOE/GLELSI Nonpriority Creditor's Name	Last 4 digits of account number	7577		\$23,551.00
	Attn: Bankruptcy Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 05/09 Last 10/01/21	Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt	Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plane, and other similar del	hte	
	■ No		y piano, and other ominal del	uis	
	Yes	☐ Other. Specify			
		Euucationa	ll .		

or 1 Delphine C. Rogers		Case number (if known)	21-31577					
USDOE/GLELSI	Last 4 digits of account number	7581		\$17,088.00				
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 08/19 Las 10/31/21	t Active					
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
Debtor 1 only	☐ Contingent							
Debtor 2 only	☐ Unliquidated							
Debtor 1 and Debtor 2 only	☐ Disputed							
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
☐ Check if this claim is for a community	Student loans							
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts					
Yes	Other. Specify							
	Educationa	l						
USDOE/GLELSI	Last 4 digits of account number	9577		\$13,894.00				
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860	— When was the debt incurred?	Opened 01/09 Las 10/01/21	t Active					
Madison, WI 53707 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
Debtor 1 only	☐ Contingent							
Debtor 2 only	☐ Unliquidated							
Debtor 1 and Debtor 2 only	☐ Disputed							
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
☐ Check if this claim is for a community	Student loans							
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts					
Yes	Other. Specify							
	Educationa	I						
USDOE/GLELSI	Last 4 digits of account number	1577		\$9,466.00				
Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 01/10 Las 10/01/21	t Active					
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
■ Debtor 1 only	☐ Contingent							
☐ Debtor 2 only	☐ Unliquidated							
☐ Debtor 1 and Debtor 2 only	☐ Disputed							
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
☐ Check if this claim is for a community debt	Student loansObligations arising out of a sepa	ration agreement or divorce	that you did not					
Is the claim subject to offset?	report as priority claims							
■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts					
Yes	Other. Specify							

Schedule E/F: Creditors Who Have Unsecured Claims

Educational

Debtor 1	Delphine	C. Rogers		Case nu	ımber (if known)	21-31577		
4.3 5	JSDOE/GLI	ELSI	Last 4 digits of account number	8581			\$3,826.00	
<i>A</i>	lonpriority Cred Attn: Bankr Po Box 786 Madison, W	uptcy 0	When was the debt incurred?	Open 10/01	ned 08/15 Las /21	t Active		
N	lumber Street	City State Zip Code the debt? Check one.	As of the date you file, the claim	is: Check	all that apply			
_	_		☐ Contingent					
_	Debtor 1 onl	•	☐ Unliquidated					
_	Debtor 2 onl	•	<u> </u>					
_	_	d Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	ed claim:				
At least one of the debtors and another			Student loans	ca ciaiiii.				
		is claim is for a community	_		. "			
debt Is the claim subject to offset?			Obligations arising out of a sep report as priority claims	aration ag	reement or divorce	that you did not		
	No	,	Debts to pension or profit-shar	ing plans	and other similar de	ehts		
				ing plane, i	and other on mar de	5510		
L	Yes		Other. Specify					
				aı				
Part 3:	List Others	s to Be Notified About a Deb	ot That You Already Listed					
is trying have mo	to collect fro	m you for a debt you owe to so	bout your bankruptcy, for a debt that meone else, list the original creditor it tyou listed in Parts 1 or 2, list the add r submit this page.	in Parts 1	or 2, then list the	collection agency h	ere. Similarly, if you	
Name and			On which entry in Part 1 or Part 2 did yo		-			
	n Health Ca Ballenger H	-						
Flint, M	•	iwy.		Part 2: 0	Creditors with Nonp	priority Unsecured Cl	aims	
		I	Last 4 digits of account number					
Name and	Address		On which entry in Part 1 or Part 2 did yo	u list the o	riginal creditor?			
	n Attorney	/ General*	Line 2.2 of (Check one):	Part 1: 0	Creditors with Prior	ity Unsecured Claims	3	
Law Bu	•]	☐ Part 2: 0	Creditors with Nonp	oriority Unsecured Cl	aims	
525 Otta	awa _I , MI 48913							
Lansing	j, iiii 40310		Last 4 digits of account number					
Name and	Address		On which entry in Part 1 or Part 2 did yo	u list the o	riginal creditor?			
			Line of (Check one):	☐ Part 1: 0	Creditors with Prior	ity Unsecured Claims	3	
	leral Buildi		I	☐ Part 2: 0	Creditors with Nonp	priority Unsecured Cl	aims	
Flint, M	arch Street							
1 1111t, IVI	10002		Last 4 digits of account number					
Part 4:		mounts for Each Type of Un				NII C O C450 A-1-14	h	
	e amounts of unsecured cla		ms. This information is for statistical	reporting	purposes only. 28	, v.s.v. g139. Add t	ne amounts for each	
					Total	Claim		
	6a.	Domestic support obligations	:	6a.	\$	0.00		
Total claims								
from Part	1 6b.	Taxes and certain other debts	you owe the government	6b.	\$	1,660.00		
	6c.	Claims for death or personal i	injury while you were intoxicated	6c.	\$	0.00		
	6d.	Other. Add all other priority uns	ecured claims. Write that amount here.	6d.	\$	0.00		
	6e.	Total Priority. Add lines 6a thro	ouah 6d.	6e.	\$	1,660.00		
		,			<u> </u>	1,000.00		
		Or lead to a co		0.1		Claim		
Total	6f.	Student loans		6f.	\$	208,843.00		
Total claims								
from Part	2 6g.		eparation agreement or divorce that	6g.	\$	0.00		
	6h.	you did not report as priority Debts to pension or profit-sha	ciaims aring plans, and other similar debts	6h.	\$	0.00		
		•				3.00		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 14 of 15

Debtor 1 Delphine C. Rogers

Case number (if known)

21-31577

 Other. Add all other nonpriority unsecured claims. Write that amount here. ^{6i.} \$ 11,009.00

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **219,852.00**

Fill in this inform				
Debtor 1	Delphine C. Roge	ers		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
_	21-31577			
(if known)				Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

-	Person or	company with Name, Number	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4	,				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	· · · · · · · · · · · · · · · · · · ·				
	Name				_
	Number	Street			
	City		State	ZIP Code	

Fill in this	s information to identify your	case:		
Debtor 1	Delphine C. Roge	rs		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN	
Case num	ber <u>21-31577</u>			☐ Check if this is an amended filing
Officia	l Form 106H			
Sched	dule H: Your Cod	ebtors		12/15
people are fill it out, a your name	e filing together, both are equ and number the entries in the e and case number (if known)	ally responsible for sup boxes on the left. Atta . Answer every questio	oplying correct information that the Additional Page to In.	complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case	, do not list either spouse a	is a codebtor.
■ No				
Arizor	thin the last 8 years, have you na, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spouse.	Nevada, New Mexico, F	Puerto Rico, Texas, Washin	? (Community property states and territories include gton, and Wisconsin.)
in line Form	e 2 again as a codebtor only i	f that person is a guara	intor or cosigner. Make s	f your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Officia G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Name, Number, Street, City, State and Zl	P Code		Check all schedules that apply:
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
•	Number Street City	State	ZIP Code	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
-	Number Street City	State	ZIP Code	

Fill	in this information to identify your ca	ase:							
Del	otor 1 Delphine C.	Rogers							
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF MICHIGAN		_				
	se number 21-31577					Check if this is An amended A supplemental A suppl		petition	chapter
\sim	fficial Form 1001						as of the followin		
	fficial Form 106l					MM / DD/ Y	YYYY		
	chedule I: Your Income complete and accurate as poss								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	r spouse is not filing wi	th you, do not inclu	de infor	mation	about your spo	ouse. If more sp	ace is n	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-filing s _t	oouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed	☐ Employed			oyed		
		Employment status	■ Not employed	■ Not employed			mployed		
		Occupation							
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed the	here?						
Pai	t 2: Give Details About Mor	nthly Income							
spoo If yo	mate monthly income as of the dause unless you are separated. The value of your non-filing spouse have more space, attach a separate sheet to	ore than one employer, co	-						
					F	or Debtor 1	For Debtor 2 non-filing spo		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$ N	N/A_	

					F	or Debtor 1			Debtor 2 o		
	Сору	y line 4 here		4.	\$		0.00	\$	-illing spe	N/A	
_											
5.		all payroll deducti									
	5a.		and Social Security deductions	5a.			0.00	\$		N/A	
	5b.	•	ributions for retirement plans	5b.			0.00	\$		N/A	
	5c.	•	butions for retirement plans	5c.			0.00	\$		N/A	
	5d.		ments of retirement fund loans	5d.			0.00	\$		N/A	
	5e.	Insurance		5e.	,		0.00	\$		N/A	
	5f.	Domestic suppo	ort obligations	5f.			0.00	\$		N/A	
	5g.	Union dues	on Consider	5g.			0.00	—		N/A	
_	5h.	Other deduction		5h.	·		0.00			N/A	
6.			tions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$		N/A	
7.	Calc	ulate total monthl	y take-home pay. Subtract line 6 from line 4.	7.	\$		0.00	\$		N/A	
8.	List a 8a.	Net income from profession, or fa Attach a stateme receipts, ordinary	nt for each property and business showing gross and necessary business expenses, and the total								
		monthly net incor		8a.	. \$		0.00	\$		N/A	
	8b.	Interest and divi		8b.	. \$		0.00	\$		N/A	
	8c.	regularly received Include alimony,	payments that you, a non-filing spouse, or a depender spousal support, child support, maintenance, divorce property settlement.	n t 8c.	. \$		0.00	\$		N/A	
	8d.	Unemployment		8d.	*		0.00	\$-		N/A	
	8e.	Social Security		8e.			0.00	\$		N/A	
	8f. 8g. 8h.	Include cash assistant you receive, Nutrition Assistant Specify: Food Pension or retire Other monthly in	ement income ncome. Specify: IRS Refunds pro rated	ce 8f. 8g. 8h.	. \$.+ \$	9	0.00 0.00 0.00	_		N/A N/A N/A	
		Family Assista	ance/Children while SSD pending		\$	1,50	0.00	\$		N/A	
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,94	0.00	\$		N/A	
10.		•	ome. Add line 7 + line 9. 0 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	1,940.00	+ \$_		N/A =	\$	1,940.00
11.	Includ other	de contributions fro r friends or relatives ot include any amo	contributions to the expenses that you list in Schedul, on an unmarried partner, members of your household, you so. bunts already included in lines 2-10 or amounts that are no	ur depe					Schedule J 11. •		0.00
12.		that amount on th	e last column of line 10 to the amount in line 11. The re e Summary of Schedules and Statistical Summary of Cert						12.	S	1,940.00
40	_			0					_	ombin onthly	ed income
13.	Do y∈	ou expect an incr	ease or decrease within the year after you file this for	ın?							
	_	Yes. Explain:	Debtor has SSD Case pending and children ass	eiet un	til h	as money					
		. ooxpiaiii	Food Stamps 350	not ull		us money					

-ريح	in this inform	tion to identify				1		
FIII	in this informa	tion to identify yo	our case:					
Deb	tor 1	Delphine C. Rogers				Check if this is:		
Deb	tor 2					☐ An amended filing☐ A supplement showing postpetition chapter		
	ouse, if filing)							the following date:
United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN						MM / DD / YYYY		
Cas	e number 21	-31577						
	nown)	0.077						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/1
Be a	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer eve	possible eded, atta ry questio	If two married people ar				
Pari	Is this a join	ibe Your House nt case?	enoia					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? □ No							
☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for Separate Household</i> of Debtor 2.								
2.	Do you have dependents? ■ No							
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
	aoponaomo							□ No
								☐ Yes
							-	□ No
								☐ Yes
								□ No
2	De veur eve	anaaa inaluda						☐ Yes
3.	expenses of	enses include f people other t d your depende	han $_{m \Box}$	No Yes				
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses				
Est exp	imate your ex	penses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
Inal	luda avnanca	a paid for with	non ooch	government essistance i	i vou know			
the	value of such	n assistance an	d have inc	government assistance i Fluded it on <i>Schedule I:</i> Y	our Income			
	ficial Form 10						Your exp	enses
		_						
 The rental or home ownership expenses for your residence. Include first me payments and any rent for the ground or lot. 						e 4. \$		0.00
		led in line 4:	o ground o	. 100				
	4a Basta	octato tavos				40 °C		00.00
		estate taxes rty, homeowner's	s. Or renter	's insurance		4a. \$ 4b. \$		90.00 65.00
	•	•		ipkeep expenses		4c. \$		25.00
		owner's associat				4d. \$		0.00
5.	Additional mortgage payments for your residence, such as home equity loans							0.00

Official Form 106J Schedule J: Your Expenses 21-31577-jda Doc 12 Filed 12/08/21 Entered 12/08/21 14:59:19 Page 36 of 52

Official Form 106J Schedule J: Your Expenses 21-31577-jda Doc 12 Filed 12/08/21 Entered 12/08/21 14:59:19 Page 37 of 52

Debtor 1	Delphine C. Ro	gers		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
Case number 2	1-31577			
				☐ Check if this is an

If two married people are filing together, both are equally responsible for supplying correct information.

Declaration About an Individual Debtor's Schedules

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Did	you pay or agree to pay someone who is NOT an attorney to	nelp you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that	er penalty of perjury, I declare that I have read the summary a they are true and correct.	
_	/s/ Delphine C. Rogers	Simpature of Dahter 2
	Delphine C. Rogers Signature of Debtor 1	Signature of Debtor 2
	Date December 8, 2021	Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

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Filli	in this information to identi				
Debt	tor 1 Delphine C	C. Rogers Middle Name	Last Name		
Debt (Spou	tor 2 use if, filing) First Name	Middle Name	Last Name		
Unite	ed States Bankruptcy Court f	for the: EASTERN DISTRICT C	OF MICHIGAN		
Case (if kno	e number 21-31577			_	Check if this is an mended filing
Sta Be as	s complete and accurate as	cial Affairs for Indiv s possible. If two married people eeded, attach a separate sheet t	e are filing together, both are	e equally responsible for sup	
	ber (if known). Answer eve			,	
Part	Give Details About Y	our Marital Status and Where Yo	ou Lived Before		
1. \	What is your current marita	al status?			
1	□ Married■ Not married				
2.	During the last 3 years, have	ve you lived anywhere other tha	n where you live now?		
	■ No □ Yes. List all of the place	es you lived in the last 3 years. Do	not include where you live no	w.	
	Debtor 1 Prior Address:	Dates Debtor lived there	1 Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
		you ever live with a spouse or lona, California, Idaho, Louisiana, N			
	■ No □ Yes. Make sure you fill	out Schedule H: Your Codebtors (Official Form 106H).		
Part	Explain the Sources	of Your Income			
	Fill in the total amount of inco	rom employment or from operatome you received from all jobs and not you have income that you rece	d all businesses, including par	t-time activities.	ndar years?
	□ No■ Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	m January 1 of current year date you filed for bankrupt		\$0.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

					Debtor 1		Debtor 2	
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			dar year: December	31, 2020)	■ Wages, commissions, bonuses, tips	\$28,000.00	☐ Wages, commissions, bonuses, tips	
					☐ Operating a business		☐ Operating a business	
			lar year be December		■ Wages, commissions, bonuses, tips	\$48,000.00	☐ Wages, commissions, bonuses, tips	
					☐ Operating a business		☐ Operating a business	
5.	Include and of winnir	le inc ther p ngs. If ach s	ome regard public bene f you are fil	lless of wheth fit payments; ing a joint cas the gross inco	e during this year or the two ler that income is taxable. Exa pensions; rental income; inter le and you have income that y ly me from each source separa	amples of other income are all rest; dividends; money collect you received together, list it o	•	ecurity, unemployment, d gambling and lottery
					Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
			1 of curre led for bar	nt year until nkruptcy:	Family Assistance	\$10,000.00		
					Short Term Disability	\$1,800.00		
					401K closed out	\$40,000.00		
			dar year: December	31, 2020)	Short Term Disability	\$16,000.00		
		11-4	0 t ! D -		Mada Dafana Van Ellad fan	D		
6.	Are ei	ither No.	Debtor 1's	or Debtor 2 st	Made Before You Filed for s debts primarily consumer bettor 2 has primarily consu- personal, family, or househol	r debts? umer debts. Consumer debts	are defined in 11 U.S.C. § 10	1(8) as "incurred by an
			During the	90 days befo	re you filed for bankruptcy, di	d you pay any creditor a total	of \$6,825* or more?	
			□ Yes	List below e	each creditor to whom you pai	nts for domestic support oblig	n one or more payments and t ations, such as child support a	
			* Subject				or after the date of adjustment	
	■ Y	res.			r both have primarily consure you filed for bankruptcy, di		of \$600 or more?	
			■ No.	Go to line 7				
			□ Yes	List below e include pay	each creditor to whom you pai		the total amount you paid tha ort and alimony. Also, do not	

Deb	tor 1	Delphine C. Rogers		Case numbe	r (if known) 21-31577	
Part	5 :	List Certain Gifts and Contributions				
Part	ວ:	List Certain Girts and Contributions				
	I	No	ptcy, d	id you give any gifts with a total value of more	than \$600 per person?	•
		es. Fill in the details for each gift.		D 11 44 46	D 4	
		with a total value of more than \$600 person	1	Describe the gifts	Dates you gave the gifts	Value
	Pers Addr	on to Whom You Gave the Gift and ress:				
14.	_	n 2 years before you filed for bankru No	ptcy, d	id you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
		√es. Fill in the details for each gift or co	ntributio	on.		
	Gifts more Char	or contributions to charities that to than \$600 ity's Name		Describe what you contributed	Dates you contributed	Value
	Addr	'ess (Number, Street, City, State and ZIP Code)				
Part	6:	List Certain Losses				
,	or gai	n 1 year before you filed for bankrup mbling? No Yes. Fill in the details.	tcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,
	Desc	ribe the property you lost and	Describ	be any insurance coverage for the loss	Date of your	Value of property
	how			the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	loss	lost
Part	7:	List Certain Payments or Transfers				
	consi	ulted about seeking bankruptcy or pr	reparin	d you or anyone else acting on your behalf pay g a bankruptcy petition? s, or credit counseling agencies for services require		ty to anyone you
		No				
	_ `	es. Fill in the details.				
				Description and value of any property	Data navmant	Amount of
	Addr Emai	on Who Was Paid ess il or website address on Who Made the Payment, if Not Yo) II	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
		n L. Hicks		D Delphine Rogers Payment from	11/24/21	\$152.00
	412	S. Saginaw 1st Floor t, MI 48502		\$DelphineRogers \$600.00	\$600.00 File Fee: \$313.00 Credit report	Ų102.00
					\$45 Credit Counseling \$40	
					Property Look Up deed, SEV/Values:	
					\$50.00	

ebtor 1	Delphine C. Rogers			Case number	er (if known) 21-31	577	
pror	nin 1 year before you filed for bankrupto nised to help you deal with your credito not include any payment or transfer that yo	ors or to make payme			<i>i</i> or transfer any p	roperty	to anyone who
	No Yes. Fill in the details.						
	son Who Was Paid dress	Description an transferred	d value of any pr	operty	Date payment or transfer wa made		Amount of payment
tran: Inclu	nin 2 years before you filed for bankrupt sferred in the ordinary course of your bude both outright transfers and transfers made gifts and transfers that you have alread No Yes, Fill in the details.	ousiness or financial a ade as security (such a	affairs? as the granting of a		operty to anyone,		
Per	son Who Received Transfer dress	Description an property transf		paymen	e any property or ts received or deb exchange		Date transfer was nade
. With	ison's relationship to you nin 10 years before you filed for bankrup eficiary? (These are often called asset-pro No Yes. Fill in the details.		any property to a	a self-settled	trust or similar de	vice of v	which you are a
Nar	me of trust	Description an	d value of the pro	operty transfe	erred		Date Transfer was
art 8:	List of Certain Financial Accounts, In	struments Safe Den	eit Royas and S	torage Units			
sold Inclu	nin 1 year before you filed for bankrupto I, moved, or transferred? ude checking, savings, money market, one ses, pension funds, cooperatives, asso No	or other financial acc	ounts; certificate	s of deposit;	•	-	
	Yes. Fill in the details. me of Financial Institution and dress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of acco	c r	Date account was closed, sold, noved, or		Last balance before closing or transfer
	K account with former ployer	XXXX-	☐ Checking ☐ Savings ☐ Money Ma ☐ Brokerage ☐ Other 40 account clo December: \$40,000 use live on whil work- caug property ta	rket 1K osed 2020 ed to le off ht up	ransferred December 2020		\$40,000.00
	you now have, or did you have within 1 to not her valuables? No Yes. Fill in the details.	year before you filed	for bankruptcy, a	nny safe depo	sit box or other de	∍positoi	ry for securities,
	me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had a Address (Numbe State and ZIP Code	er, Street, City,	Describe th	e contents		Do you still have it?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

22.	Hav	e you stored property in a storage unit or p	lace other than your home within 1	l yea	ar before you filed for bankruptcy?	
		No				
		Yes. Fill in the details.				
	Naı	me of Storage Facility	Who else has or had access	De	escribe the contents	Do you still
		dress (Number, Street, City, State and ZIP Code)	to it? Address (Number, Street, City,	50	sorise the contents	have it?
		-	State and ZIP Code)			
	t 9:	_				
<u>?</u> 3.	-	you hold or control any property that some someone.	one else owns? Include any proper	rty y	ou borrowed from, are storing for,	or hold in trust
		No				
		Yes. Fill in the details.				
		rner's Name dress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP	De	escribe the property	Value
Dor	4 4 0 1	Cive Details About Environmental Inform	Code)			
Гаі	ι ιυ.	Give Details About Environmental Inform	ation			
or	the p	ourpose of Part 10, the following definitions	apply:			
		rironmental law means any federal, state, or		_	•	
		c substances, wastes, or material into the a ulations controlling the cleanup of these su		dwa	ter, or other medium, including sta	tutes or
		means any location, facility, or property as		law,	, whether you now own, operate, o	r utilize it or used
		wn, operate, or utilize it, including disposal				de et e e e e
		<i>ardous material</i> means anything an environ ardous material, pollutant, contaminant, or		s wa	iste, nazardous substance, toxic st	ibstance,
₹ер	ort a	II notices, releases, and proceedings that y	ou know about, regardless of whe	n the	ey occurred.	
24.	Has	any governmental unit notified you that yo	u may be liable or potentially liable	e unc	der or in violation of an environme	ntal law?
	_	No				
	$\overline{\Box}$	Yes. Fill in the details.				
	— Nai	me of site	Governmental unit		Environmental law, if you	Date of notice
		dress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)	ıd	know it	
25.	Hav	e you notified any governmental unit of any	release of hazardous material?			
		No				
	$\overline{\Box}$	Yes. Fill in the details.				
	Nai	me of site	Governmental unit		Environmental law, if you	Date of notice
		dress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State an ZIP Code)	ıd	know it	Date of Hotice
26.	Hav	e you been a party in any judicial or admini	strative proceeding under any envi	iron	mental law? Include settlements a	nd orders.
	_					
		No Yes. Fill in the details.				
		se Title	Court or agency	Na	ture of the case	Status of the
	Cas	se Number	Name Address (Number, Street, City, State and ZIP Code)			case
Par	t 11:	Give Details About Your Business or Cor	,			
27.	With	nin 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of	f the following connections to any	business?
		☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	, eith	ner full-time or part-time	
		☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (L	LLP)	
Offici	al Foi	rm 107 Statement	of Financial Affairs for Individuals Filing	g for	Bankruptcy	page

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Debtor 1	Delphine C. Rogers		Case number (if known)	21-31577
	☐ A partner in a partnership			
	☐ An officer, director, or managing ex	ecutive of a corporation		
	☐ An owner of at least 5% of the votin	g or equity securities of a corporation		
	No. None of the above applies. Go to F	Part 12.		
	Yes. Check all that apply above and fill	in the details below for each business	s.	
	siness Name	Describe the nature of the business	Employer Identif	ication number
	iress hber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include S	ocial Security number or ITIN.
(,,,,	Name of accountant of bookkeeper	Dates business	existed
	renity Strong LLC me Address	Serenity Strong LLC	EIN:	
Hor	me Address	no assets or income *started as non profit to assist cancer survivors	From-To 2019	to Present
Rog	gers Enterprises (DBA)	Independant contractor for	EIN:	
Hor	me Address	customer service no assets or income	From-To July	2020 to Present
•	No Yes. Fill in the details below.	Date leaved		
	ne Iress nber, Street, City, State and ZIP Code)	Date Issued		
Part 12:	Sign Below			
are true a with a bar 18 U.S.C.	ad the answers on this <i>Statement of Fir</i> and correct. I understand that making a nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571. hine C. Rogers	false statement, concealing property, \$250,000, or imprisonment for up to 20	or obtaining money or	
	ne C. Rogers re of Debtor 1	Signature of Debtor 2		
Date D	December 8, 2021	Date		
Did you a ■ No □ Yes	nttach additional pages to Your Stateme	ent of Financial Affairs for Individuals I	Filing for Bankruptcy (Official Form 107)?
■ No	pay or agree to pay someone who is not	, .,		al Fam 440)
⊔ Yes. N	lame of Person Attach the <i>Bankru</i>	picy Petition Preparer's Notice, Declaration	on, and Signature (Offici	ai Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy

United States Bankruptcy Court Eastern District of Michigan

In re	Delph	ine C. Rogers			Case No.	21-31577
	-			Debtor(s)	Chapter	13
				ENT OF ATTORNEY FOR DEBTOR(SUANT TO F.R.BANKR.P. 2016(b)	<u>(S)</u>	
	The un	dersigned, pursua	nt to F.R.Bankr.P. 2016	(b), states that:		
	The un	dersigned is the a	ttorney for the Debtor(s) in this case.		
	The co	mpensation paid o	or agreed to be paid by t	he Debtor(s) to the undersigned is: [Check	k one]	
	[X]	FLAT FEE				
	A.			plation of and in connection with this case		,500.00
	B.	Prior to filing	this statement, received	l		152.00
	C.			is		,348.00
	[]	RETAINER				
	A.	Amount of ret	tainer received			
	B.			retainer at an hourly rate of \$ [Or and expenses exceeding the amount of the		urly rate schedule.] Debtor(s) have
	\$ <u>31</u> 3	3.00 of the fili	ng fee has been paid.			
		n for the above-d not apply.]	isclosed fee, I have agre	eed to render legal service for all aspects of	of the bankrupt	cy case, including: [Cross out any
	A.	Analysis of the bankruptcy;	e debtor's financial situa	tion, and rendering advice to the debtor in	determining v	whether to file a petition in
	B.			schedules, statement of affairs and plan w		
	C. D. ——			eting of creditors and confirmation hearin ary proceedings and other contested bank		
	E.	Reaffirmations		ary proceedings and other contested bank	rupicy matters,	
	F.	Redemptions;				
	G.	schedules a understands	nd chapter 13 plan, a s that Attorney may b	is estimated at \$3,500.00 for review attending meeting of creditors and bill at hourly rate of \$190.00 per houpense is required to work out issue	confirmation ır in the ever	hearing. *Debtor at that circumstances require
	By agre	eement with the d	ebtor(s), the above-disc	losed fee does not include the following s	ervices:	
				onfiramtion work may be required rate of \$190.00 per hour	during the pl	an and All Post Confirmation
	The sou A. B.	urce of paymentsXX		from: wages, compensation for services performulation for services performance performulation for services performance per	med	

	corporation, any compensation paid or to be paid except as follows:	-
Dated:	December 8, 2021	/s/ John L. Hicks Attorney for the Debtor(s) John L. Hicks John L. Hicks & Associates PC 412 S. Saginaw St. 1st Floor Flint, MI 48502 (810) 232-2223 jlhicks14@hotmail.com P44667 MI
Agreed:	/s/ Delphine C. Rogers Delphine C. Rogers Debtor	Debtor

The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
_	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Delphine C. Rogers		Case No.	21-31577		
		Debtor(s)	Chapter	13		
	VERIFICATION OF CREDITOR MATRIX					
Γhe abo	ove-named Debtor hereby verifies th	at the attached list of creditors is true and c	correct to the best	of his/her knowledge.		
Date:	December 8, 2021	/s/ Delphine C. Rogers				
		Delphine C. Rogers				

Signature of Debtor